

3-39

CLAIMANT'S NAME Matthew R. Bettenhausen			SSAN OR EMPLOYEE NUMBER*		DEPARTMENT California Emergency Management Agency	
POSITION Secretary		CB/ID NUMBER E99	DIVISION OR BUREAU Executive			INDEX NUMBER
RESIDENCE* 2908 Weald Way, #312			HEADQUARTERS ADDRESS 3650 Schriever Ave.			TELEPHONE NUMBER 916-324-8908
CITY Sacramento	STATE CA	ZIP CODE 95833	CITY Mather	STATE CA	ZIP CODE 95655	

(1) MONTH/YEAR March 2009		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSE FOR DAY	
(2) DATE	TIME			BREAK- FAST	LUNCH	O.T., L.T., W/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CAREFARE TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES			AMOUNT
5-Mar	6:15	Sacramento to DC	\$ 151.53	✓	\$ 10.00	✓	\$ 18.00	✓		PC A				\$ 179.53
6-Mar		DC	\$ 151.53	✓			\$ 6.00	✓						\$ 157.53
7-Mar		DC	\$ 151.53	✓	\$ 6.00	✓	\$ 10.00	✓	\$ 18.00	✓	\$ 6.00	✓		\$ 191.53
8-Mar		DC	\$ 151.53	✓			\$ 6.00	✓						\$ 157.53
9-Mar		DC	\$ 151.53	✓			\$ 6.00	✓						\$ 157.53
10-Mar	20:00	DC to Sacramento			\$ 6.00	✓	\$ 10.00	✓	\$ 18.00	✓	\$ 6.00	✓		\$ 190.00
(10) SUBTOTALS			\$ 757.65	\$ 12.00	\$ 30.00	\$ 54.00	\$ 30.00			\$ 150.00				\$ 1,033.65

ACCOUNTING RECEIVED

09 JUL - 1 AM 10:13

CLAIM TOTAL

\$ 1,033.65

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attached receipts/voucher when required)

(12) NORMAL WORK HOURS	9:00 - 6:00
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(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED  
48.5¢/Mile

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

3/5-10: Attend NEMA conference. Due to Sunday travel, unable to get to airport in time to park in economy.

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California.

If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM 752, 753, and 754 pertaining to vehicle status and cost.

C - SIGNATT

(16.

FENSES (See item 17 on reverse)

DATE \_\_\_\_\_

DATE